

INSTRUCTIONS

Print in ink or type all entries except signatures. All applicants must complete Section 1 and 3. All sections of the form should be completed at the financial institution chosen for direct deposit. This form should not be altered in any way. Depending on your election, you will also need to complete Section 2 (Joint Signer Information).

This form should be used for all TRSL benefits except for DROP or ILSB account withdrawals. To receive DROP or ILSB account withdrawals via direct deposit, you will need to complete a Direct Deposit of DROP or ILSB Account Withdrawals (Form 11R).

SECTION 1 — Benefit recipient Information

This section should be completed by the person who receives the benefit. If your mailing address has changed, notify TRSL by putting the new address in this section and checking the box, "Check here if address change."

If this is a new direct deposit setup, a change to a new bank, or a change of your account number with the same bank, check the applicable box. Bank officials are not required to sign Section 3 if the form is being submitted to report a change of your account number with the same bank. **Section 1 must be signed by the benefit recipient.**

SECTION 2 — Joint signer information

Not required if spouse is the joint signer. Other joint signers must be listed. For more than one joint signer, complete TRSL's *Addendum to Direct Deposit of Benefits—Nonspousal Joint Signer(s) (Form 15JS)* identifying each joint signer.

SECTION 3 — Financial institution agreement

This section should be completed by bank officials. Bank officials must verify all bank account information for accuracy. They must also sign and date the agreement. (Bank teller/receptionist signatures are not acceptable.) If you receive multiple benefit payments, indicate the specific account you wish to update. If you do not make a selection, you authorize the change to be applied to all benefit payments (excluding DROP or ILSB account withdrawals). TRSL will send you a letter confirming that the direct deposit form was processed. If you do not receive a confirmation letter, check with your bank on the first working day of the month before assuming the direct deposit form wasn't processed in time for your benefit to be sent electronically.

When will my direct deposit request take effect?

- Your first benefit payment will be sent by check through the mail. Subsequent benefits will be sent electronically to your financial institution.
- TRSL cannot guarantee that direct deposit requests received after the 15th of the month can be processed for the current month.

When are benefits posted?

- Benefit payments are made available for deposit into your checking or savings account on the first day of the month. If the first falls on a weekend or holiday (non-banking days for the Federal Reserve Bank), the direct deposit will be made available for your financial institution to post to your account on the next business day. Please contact your financial institution to find out when they will make your funds available to you.

How do I get my benefit payment stubs?

- TRSL prints direct deposit payment stubs at the establishment of direct deposit, each December, and when the net benefit changes. You can also view your monthly pay stubs online through Member Access at www.TRSL.org. If you have any questions about direct deposit, contact TRSL.



Direct Deposit of Benefits (Form 15D)

10-15D
rev. 07/26

HOW TO SUBMIT:	DROP OFF or MAIL IN	UPLOAD	EMAIL	FAX
	8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809	Scan and upload at www.TRSL.org	web.master@trsl.org	(225) 925-4779

**Form may not
be altered.**

SECTION 1 — Benefit recipient information

Name: Last, first, MI, suffix (Jr., III, etc.)	☐ Check here if address change	Your Social Security number (###-##-####)	REQUIRED
Daytime telephone (include area code)	Please check one: ☐ This is a new direct deposit setup or a change to a new bank. (Section 3 required) ☐ This is a change of my account number with my same bank. (Section 3 - Financial officer signature not required)	If you are receiving multiple benefit payments, check ONE only (no selection indicates change will be applied to all accounts):	
Mailing address		☐ Change applies to ALL benefit payments	
City, state, zip		☐ Change applies to RETIREE benefit payments only	
Email address		☐ Change applies to SURVIVOR/BENEFICIARY payments only	

I authorize and request Teachers' Retirement System of Louisiana (TRSL) to direct the net amount of my monthly benefit payment for crediting to my account at the financial organization designated below. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. This authorization will remain in effect until canceled by written notice from me to TRSL.

My signature authorizes TRSL to initiate electronic funds transfer debit transactions to retrieve payments sent, but not due, in the event that my death has occurred or if I become employed in the field of education, public or private, while receiving disability benefits, or if I am no longer a full-time student.

I further authorize the financial organization designated below to release to TRSL, upon request, any and all information regarding my bank account designated below.

REQUIRED SIGNATURE ▶	Recipient's signature (DO NOT PRINT OR TYPE)	Date signed (mm/dd/yyyy)
-----------------------------	--	--------------------------

SECTION 2 Information about joint signer (if applicable) ONLY FOR NON-SPOUSAL JOINT SIGNER

Name: Last, first, MI, suffix (Jr., III, etc.)	Your Social Security number (###-##-####)
Telephone (include area code)	Relationship to recipient
Mailing address	City, state, zip

NOTE: For additional joint signers, complete TRSL's Addendum to Direct Deposit of Benefits — Nonspousal Joint Signer(s) (Form 15JS)

SECTION 3 Financial institution agreement

Name of financial organization	ACH routing number
Address: street / PO box	
City, state, zip	Bank account number ☐ Checking ☐ Savings

In consideration of electronic payments made by the Teachers' Retirement System of Louisiana (TRSL) in accordance with the above request, we hereby agree to repay, at the time of demand, the amount of any funds on deposit in the recipient's account that are due to TRSL as a result of the recipient's death, subject to disposition required by law and banking guidelines.

We further agree to accept as sufficient evidence TRSL's certification of the payee's date of death. In the event that we learn of the payee's death before TRSL, we agree to notify TRSL of the death and return any payments received after the death to the extent that funds are available.

REQUIRED SIGNATURE ▶	Signature of bank official* (DO NOT PRINT OR TYPE)	Date (mm/dd/yyyy)
	Name of bank official (print or type)	Title of bank official
		Telephone (include area code)

*Bank teller/receptionist signatures are not acceptable.